

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-376)**

SERIAL NO.

09623068

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	5					
TOTAL DEP.		55				
TOTAL	5	55				

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1						
52		1						
53		1						
54		1						
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97		1						
98		1						
99		1						
100		1						
TOTAL IND.								
TOTAL DEP.								